

Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Glacier **Browning Public Schools** 18 0400 0401 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 20 17.5 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner XXXXXXXXXXXXXX0061 387 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0400 0401 60.00 40.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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2nd Wheelchair (WC)

Additional Wheelchairs (WC)

TOTAL RIDERS

Non-WC IEP Lists Trans as Related Service

Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)

TOTAL ELIGIBLE RIDERS

Nonpublic School Riders (ineligible)

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2005 - 2006

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name District Name Legal Entity Number County Number Glacier Browning Public Schools 0400 0401 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 7 90.8 66 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAHCPA41F097998 201 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0400 0401 60.00 40.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) **ELIGIBLE RIDERS** (Grades 9-12) this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC)

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

area assigned to it by the Sounty Transportation Committee.	
Signature - Chair, County Transportation Committee	Date



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Due Dates All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Glacier		18	Browning	Public Schools		0400 0401	
Route #	Length of Route		Type of Sei	rvice Bus Route Mi		Rated Capacity	
6a	105		Bus Rout	□ Non Bus Mile te Mileage	ileage 78		
Vehicle I.D. #	License #		□ District Ow		District Owned		
1BAAKB7A6TF069005	104			If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Enti		atch budget! Legal Entity	1	Legal Entit	у	
0400	()401					
0/ 60.00	0/ 4/	2.00	%		%		
% 60.00 PASSENGER INFORMATION	% 40	0.00	%		70		
		ELEMENTARY (Creates Pl	_	HIGH SCHOOL	_	TOTAL	
Number of Preschool/Kindergar this route	ten pupils riding	(Grades Ph	(-8)	(Grades 9-	12)	ELIGIBLE RIDERS	
		a NUMBEI	•	b NUMBEF)	c a+b	
Regular (include eligible Preschool/h	(indergarten riders)	NOMBE	<u> </u>	NOWBEI	`	415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
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Date

area assigned to it by the County Transportation Committee



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Glacier **Browning Public Schools** 0400 0401 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 19 110 36 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAKB7A5VF074991 51 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0400 0401 60.00 40.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



Date

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Glacier Cut Bank Public Schools 0402 0403 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage one/two 136 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAHCPH42F202487 132 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0402 0403 60.00 40.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation



Date

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This form is required in accorda receives state reimbursement er							
Due Dates: All Routes			To County Supt October 1		•	Rate Per Mile \$1.57	
County Name		County Number	District Nar	ne		Legal Entity Number	
Glacier		18	Cut Bank	Public Schools		0402 0403	
Route #	Length of Route	e (miles per day)		rvice Bus Route Mi		Rated Capacity	
1-2A	124		Bus Rout	□ Non Bus Mile te Mileage	age	72	
Vehicle I.D. #	License #		□ District Ow		District Owned		
1BAAHCPH42F202487	132		□ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- En	iter the legal entit			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Ent		atch budget! Legal Entity	1	Legal Entit	у	
0402		0403					
0/ 00 00	0/ 4	2.00	0/		0/		
% 60.00 PASSENGER INFORMATION	% 4	0.00	%		%	•	
		ELEMENTARY	_	HIGH SCHOOL	_	TOTAL	
Number of Preschool/Kindergar this route	ten pupils riding	(Grades Pl	(-8)	(Grades 9-	12)	ELIGIBLE RIDERS	
		a NUMBE	Ð	b NUMBEF)	c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)		N.	NOWBER	\	a+b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
nonresident and no attendance agre otherwise allow nonresident riders to							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees		,		,	Date		
	• · · · ·				20.40.400.55		
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Signature - Chair, County Transporta					Date		



Date

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Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District Nar	ne		Legal Entity Number		
Glacier		18	Cut Bank	R Public Schools		0402 0403		
Route #	Length of Rou	e (miles per day)		rvice Bus Route Mi		Rated Capacity		
6A	105		Bus Rou	□ Non Bus Mile te Mileage	age	72		
Vehicle I.D. #	License #	<u> </u>		District Owned District Owned				
1BAAHCSH1XF084610	85		☐ Contract - If so, Name of Owner ☐ Contracted rate per mile					
Reimbursement Distribution- En	iter the legal ent			y reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity	Legal En		natch budget! Legal Entity	/	Legal Entit	ry .		
0402		0403						
04 00 00	0/	10.00	0/		0.4			
% 60.00 PASSENGER INFORMATION	% 4	40.00	%		%			
		ELEMENTARY	_	HIGH SCHOOL	_	TOTAL		
Number of Preschool/Kindergar	ten pupils riding	(Grades P	K-8)	(Grades 9-	12)	ELIGIBLE RIDERS		
		а	D.	b		С		
Regular (include eligible Preschool/k	Kindergarten riders	NUMBE	K	NUMBER	₹	a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
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Signature - Chair, Board of Trustees			, .,	Date				
Country	Transportation	Committee Annroyal as	roquired in sec	eordance with Section (20-10-122 MC	`^		
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Signature - Chair, County Transporta					Date			



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This form is required in accorda receives state reimbursement e								ach bus route that
Due Dates All Routes				ounty Sup ber 1	t	To OPI October 15		\$1.57
County Name			County Number	Distric	Name			Legal Entity Number
Glacier			18	Cut E	ank F	Public Schools		0402 0403
Route #	Length	of Route (miles per day)	Туре	f Servi	ce ☐ Bus Route Mil		Rated Capacity
three	97			Bus F	Route	□ Non Bus Milea Mileage	age	72
Vehicle I.D. #	Lic	cense #			t Owne		District Own	ed
1BAAHCPH61F097997	26			□ Contra	acted ra	so, Name of Owner ate per mile		
Reimbursement Distribution- Er	nter the le	egal entity		e of state/coatch budge		eimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0402	Le	egal Entity 04		Legal E			Legal Entit	у
% 60.00		% 40.0	00	%			%	
PASSENGER INFORMATION								T0711
Number of Preschool/Kindergar this route	ten pupils	s riding	ELEMENTARY (Grades Ph	_		HIGH SCHOOL F (Grades 9-1	_	TOTAL ELIGIBLE RIDERS
			a NUMBEI	₹		b NUMBER	!	c a+b
Regular (include eligible Preschool/h	Kindergarte	en riders)		-				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
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I certify that this application for upon bus operates on the route as ap								
Signature - Chair, Board of Trustees		,					Date	
County 1 This Application for Registration area assigned to it by the Count	of School	ol Bus and						
Signature - Chair, County Transports							Date	



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Glacier Cut Bank Public Schools 0402 0403 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 8 16 64 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAHCPH43F211062 211 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0402 0403 60.00 40.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



Date

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